

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90029 006 ***150.00

DOCUMENT # P36951

1. Entity Name
VITAL CHEK NETWORK, INC.



Principal Place of Business
ONE CREEKSIDE CROSSING
6 CADILLAC DR STE 400
BRENTWOOD, TN 37027

Mailing Address
1000 ALDERMAN RD.
ALPHARETTA, GA 30005

DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number
62-1365614

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
LEE, DAVID T
1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PIEFKE, JEFFREY
6 CADILLAC DRIVE STE 400
BRENTWOOD, TN 37027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MONGELLI, JOHN M
1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
TRINE, DAVID E
1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
SMITH, DEREK V
1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DAVIS, DAVID W
1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07
Date

Daytime Phone # _____

ATTACHMENT 40110395

Vital Chek Network, Inc.

136951

Officers:

David T. Lee, Chief Executive Officer
Donald E. McGuffey, President
Steven W. Surbaugh, EVP and Chief Administrative Officer
David E. Trine, Chief Financial Officer
Jeffrey B. Piefke, Vice President
Carol A. DiBattiste, General Counsel
David W. Davis, Secretary
John M. Mongelli, Treasurer
Mary M. Young, Assistant Secretary

Business Address:

Directors:

Derek V. Smith, Chairman
Douglas C. Curling
Steven W. Surbaugh

1000 Alderman Dr., Alpharetta, GA 30005